

TROOP INFORMATION PROGRAM SERVICE

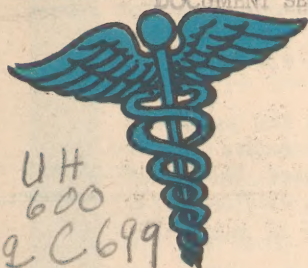
24 OCTOBER 1949

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TIPS

DOCUMENT SECTION



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YOUR MEDICAL CARE...

YOUR MEDICAL CARE...

The purpose of this topic is to provide material for a discussion of the Army Medical Corps and its peacetime mission, particularly in the Far East Command.

The Medical Corps has drawn upon the scientific and professional knowledge of the entire world. Wherever the serviceman is stationed the most modern facilities are available for his medical care.

Suggestions for handling the topic in discussion are found on Page 192.



THE moment a soldier's name is written in the Sick Book he has started in motion the wheels of the largest military medical organization in the world. Whatever care he needs, be it only a band-aid or a serious operation, all services of the Medical Department are centered on this man. Let's see the medics of the Far East Command in action and see just how far this service can go.

For example here is a soldier who was no ordinary patient; for his life depended on the wearing of a portable iron lung. Stretched out in a respirator, every breath given him had to be forced into his paralyzed body by machine. He could speak only when the bellows deflated, when he could talk with the aid that the contraption squeezed out of his chest. Although this weird iron-tank carefully and smoothly did his breathing for him, most people would have been scared pink if their life had to depend on artificial lungs. But he lay there calm and confident, secure in his trust that his life was in good hands.

"I was on my way to Shanghai from Japan..." then the machine hissed and he stopped talking while it took a long, deep breath for him "...It was a pleasure cruise that I was on when I came down with polio..." Another hiss and another silence as again breath was mechanically drawn into his chest. "...Later I was put off at Pusan, Korea, completely paralyzed." Between mechanically drawn breaths he

continued to talk as casually as you might say "Good Morning."

T/5 George Fatt was flown in an iron lung from Korea to Japan, across the Pacific Ocean, then across the United States to Valley Forge General Hospital. Not only was he given the best of medical care in flight, but at each air field where the sky-ambulance landed there were doctors, nurses and specially trained technicians, all standing by to give him specialized attention.

The last report revealed that he was in comfortable quarters at Valley Forge Hospital, Pennsylvania, and that he is slowly but surely winning the battle against the effects of that dreaded sickness, infantile paralysis. Again the medics won another round in their all-out fight against disease.

In the Far East we find Army units stationed hundreds of miles apart, in many cases in rugged territory. A radiogram from one of the many transmitters in the lonely, isolated outposts can send medics by plane to a patient hundreds of miles away. For the serviceman's protection the Medical Department is on 24-hour duty and provides medical attention wherever our troops are—in the most densely populated spots, in the sparsely settled wastelands or in the far-flung islands dotting the map of the Far East Command. Wherever the serviceman may be, no spot is so isolated that it cannot be reached by the flying doctors.

Why are "shots" necessary?

It is true that sometimes—the soldier feels like a human pincushions. He can't remember how many times he has been stuck by the "medics" since he first enlisted. And soldiers in the Far East get extra jobs, too, since there are many strange diseases here that aren't found Stateside. One must keep in mind that the "docs" are not taking any chances—safety first, last and all the time is their goal. Smallpox, typhoid, typhus, tetanus, cholera, diphtheria and Japanese B—the soldier gets all of them, and these shots are

just one of the many ways that the Army uses to keep American soldiers the healthiest soldiers on earth.

The FEC serviceman belongs to a healthy and a very select physical group, or he wouldn't be in uniform wearing one of the Far East Command patches. So, because the soldier is tops physically, the Army's first medical concern is seeing that its command goes all out in keeping his name off the Sick Book.

To keep the serviceman fit, trained medics are placed at necessary command points as preventive medicine officers. Their job is to inspect such things as the water supply, disposal of wastes, insect and rodent control, barracks, kitchens and messes, and other matters that have to do with prevention of illness.

However, some soldiers will get sick despite all that is done to prevent it, as there is always a certain amount of illness in any group. For these men there is hospitalization available. Station and large general hospitals are spaced throughout the Far East Command and can be reached by either plane, ambulance, or hospital train.

What should soldiers do when they are ill?

There is no need for soldiers to neglect minor ailments or, what is worse, resort to self-treatment. The serviceman may go on sick call or to the nearest dispensary at any time. Injuries or illnesses of minor nature will be treated there. If he needs

hospitalization he will be admitted immediately to the hospital served by that dispensary. If the case needs extra special attention, the serviceman will be flown by ambulance-plane, or evacuated by hospital ship, to Stateside hospitals staffed and equipped to give the very best of specialized care.

Lately Medical Service Corps officers have been participating in sick call and physical inspection. This is something new over here and it was put into practice to make the best use of the doctors' professional talents. Civilian clinics in the States have for some time used nurses to examine patients and with such success that the Army decided to follow in their footsteps. However, with the shortage of nurses and for other reasons, it was decided that male officers would be best for troops.

The MSC's who are handling sick call were carefully selected on the basis of both Army and civilian background. In addition, they have graduated from an FEC "Medical Assistant School" that was organized to train MSC's as medical inspectors, for screening and minor treatment duty at sick call. Patients who appear acutely ill are immediately sent to a hospital, while patients whose ailments are not serious and can be treated on an out-patient status are examined and treatment prescribed. Full use is made of the various hospital clinics as well as the services of the X-Ray and laboratories.

The use of MSC's as "dispensary medical assistants" gives greater "hospital doctor-patient care" to the seriously ill and the Medical Department is able to meet its medical problems with greater efficiency.

Are specialists available to the soldiers?

At home, when someone was very sick the family doctor sometimes called in another town physician as a consultant. There are expert civilian medical specialists in the United States who act in the same capacity and who are made available to the Army. Certainly civilians would like to have the medical opinions of these consultants, but most people can't afford it. The Army spared no expense to bring to the soldier these medical consultants, as far as the soldier's pocketbook is



concerned, "for free." Since the end of 1947, top-flight civilian doctors and professors of medicine from ranking colleges and universities have been making medical rounds in the Far East Command to give soldiers the benefit of the latest in modern advances of medicine.

FEC soldiers should be able to withstand any rigor of an occupation, and

to this end medical rules have been published that provide for timely physical inspections. The idea behind the physical inspection is the old adage that an ounce of prevention is worth a pound of cure.

Army doctors do all they can to keep the soldier fit the soldier can also help by keeping his body in top-notch

physical condition. He must not forget that one of the best ways to keep in shape is by being an active member of the Army sport program. Athletics will help greatly in bettering the soldier's health and physical fitness. The Army is proud of the physical and mental condition of its Far East troops and also of their help in maintaining high health standards.



MEDIC MILESTONES

- 1775—Continental Congress at request of General Washington establishes "Hospital of the Army," a medical corps, under direction of a Director General and Chief Physician; doctors sometimes fight in front lines.

- 1777—Dr. Benjamin Rush publishes first troop hygiene instructions; "flying" ambulance, a horse-drawn chariot rushes doctor to wounded in field.

- 1861 — Congress authorizes Army to use women nurses at pay of 50 cents a day.

- 1865-98—Dr. George Miller Sternberg, medical officer, discovers the pneumonia germ and photographs tuberculosis germs for first time.

- 1898—Hospital ship "Relief" used to bring wounded from Cuba to United States; Typhoid Fever Board begins study of spread of disease; first Army dentist.

- 1900—Yellow fever investigation by Army medical men under command of Major Walter Reed in Cuba proves disease is transmitted by mosquitoes.

- 1901 — Congress confirms establishment of "Nurse Corps (female)"; caduceus (staff with wings and serpents) adopted as official insignia of Medical Corps.

- 1906—Tropical Disease Board wipes out beriberi among Philippine Scouts after proving it is caused by bad diet; first motor ambulance bought by Army.

- 1908—As result of studies by Maj. F. F. Russel, M. C., Army adopts anti-typhoid inoculation; Medical Department officially becomes "Medical Corps of the United States Army."

- 1910—Maj. C. R. Darnall reports success of chlorine method of water purification; method soon spreads all over world.

- 1914—Maj. William C. Gorgas reports completion of job of cleaning up disease which had stopped building of Panama Canal.

- 1916—Capt. George P. Foster, M. C., proves that certain types of the common cold are caused by an invisible virus.

- 1917—Army doctor and Medical Corps enlisted men become first American casualties in World War I when killed by bombs.

- 1919—Army nurses given definite rank and authorized to wear officer insignia.

- 1922—Army Dental School started in Washington, D.C.

- 1941—Vaccination for yellow fever ordered for all troops in tropical areas and tetanus vaccine compulsory for all personnel on active duty.

- 1943—Army Air Forces school of Air Evacuation set up to train doctors, nurses and enlisted men for evacuation of wounded by air; first woman physician commissioned.

- 1944—Army Nurses receive full military status for first time.

What preventable factors cause many sick cases?

However, there appear to be two preventable factors which cause a large number of entries in the Sick Book. These are abuse of the common sense rules of food and drink discipline, and accidents.

Occasionally the medics hospitalize soldiers who have been poisoned by alcoholic drinks. Some of these men have died and others are blind because they did not abide by directives which prohibit purchase of liquor on the open local markets.

Here is an extract taken from a monthly report forwarded by one of the commands in the Far East. Read it thoughtfully.

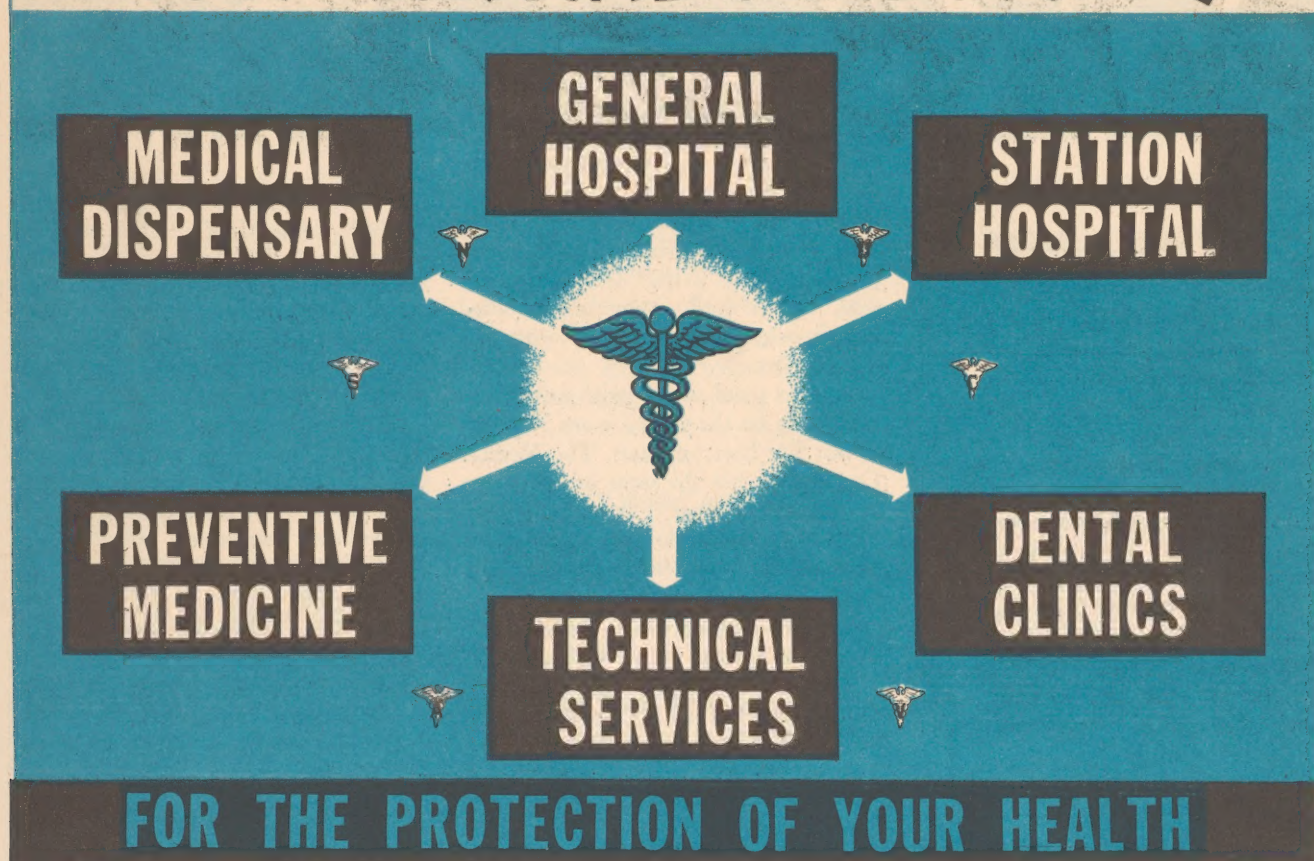
"During the month, five deaths occurred among enlisted men as a result of methyl alcoholic poisoning. In addition, four men suffered loss of visual acuity. Two men have returned to duty with 100 per cent visual acuity. The remaining two were evacuated, as residual left them unable to distinguish objects. All fatal cases succumbed before they could be hospitalized for definitive treatment."

The eating of native foods by occupational soldiers presents a real health hazard and seriously taxes the medical service for the occupation. Directives have been published against such practices.

Why should indigenous foods be avoided?

Locally procured foodstuffs, wherever they may be served, are nearly always contaminated with disease germs to which the people of the Orient, over a period of many years, have developed a degree of resistance, but which present a source of illness when eaten by Westerners. The stomach group of diseases, such as dysentery, worm in-

YOUR MEDICAL CARE...



festation, diarrhea and liver disease are those most commonly contracted through the eating of contaminated foods. These sicknesses can be spread from soldier to soldier with the result that the thoughtless man who knowingly subjects himself to illness by eating unauthorized food may start a chain of such illnesses.

Here is a case report on occupational personnel who didn't abide by the above advice.

"Case history of an outbreak of diarrheal diseases following a private dinner party at which native seafood was served.

"Served at a meal, in addition to the usual types of Army procured food, were raw oysters from a native market. Approximately twelve to fifteen hours after eating, two military personnel became ill with nausea, vomiting and diarrhea. At the end of about thirty hours five more people became ill, although apparently the symptoms

were not quite as severe as of the two men previously mentioned. However, in the latter group, the symptoms have not cleared as rapidly. Three of them had to be admitted to a general hospital because of continuing diarrhea. Two others, twelve days later, are still having symptoms, including diarrhea, but are being treated on duty status."

And so it continues, day by day people ignore medical advice and knowingly subject themselves to sickness which causes hardship for themselves and places an extra burden on the Medical Department. The above is just another instance of self-inflicted sicknesses which could have been prevented by exercising common "horse sense."

How are emergencies handled?

In the Office of the Surgeon, FEC, there are stationed a group of highly trained Army doctors who specialize

in certain medical fields. Of this group the specialists who work directly with patients are technically known as Consultant in Internal Medicine, Consultant in Surgery and Consultant in Preventive Medicine. Although these key men are stationed in Tokyo, they are subject to call anywhere within this command whenever they are needed. Here is the way they work:

A soldier is hurt on the Island of Saipan—a brain injury. The doctor in attendance considers that an operation is a life or death matter and that the operation indicated is such that a brain specialist is required. A priority radio addressed to the Medical Section, GHQ, FEC, is transmitted. Immediately upon receipt of the message from the Signal Corps, the Surgical Consultant is alerted and is dispatched on his way to the air field in a car furnished by the Transportation Section. He is greeted by the



drone of the engine of a special plane that the Air Force placed at his disposal.

Some time later the plane swoops down onto the landing strip at Saipan. The Surgical Consultant is greeted by the island doctor, who passes over the patient's case records. Even before the drone of the aircraft engine is gone from the specialist's ears, he is whirled off to the hospital with an MP escort. Whether the sick soldier is a general or a recruit, rank makes no difference as in either case he is first a patient and as such will get VIP (very important person) medical attention. In no other army of the world is such doctor-patient service to be had.

What is the mission of the GI medics?

"GI Medics" may be "Pill Rollers" to the average soldier, but they are actually highly trained medical enlisted men and are accomplishing a tough job and proving their worth in the Far East. In this command the work

of the enlisted medic goes beyond the care of the sick soldier, as here he must also help in the care of dependents, DACs and many other Allied people who are concerned with the Occupation.

It takes good men—good technicians—to carry on the skilled work required in our Far East hospitals. The Medical Department has the same job of caring for the ill, whether it is peace or war. Medical replacements are good basic material but with little technical training.

The big problem was how to train these replacements and still continue to render the same high quality of medical work. To this end a school for enlisted medical technicians drawing its students from the entire Far East Command was established at the Osaka General Hospital, Osaka, Japan. The school opened its doors for study on 4 August 1946 and is still going strong. Surgical. Medical. Pharmacy. Laboratory. X-Ray. It's one of these magic words that each technician strives to have written on the face of his diploma.

Although the school is the backbone of formal instruction, it is just one of the many training programs that GI medics undergo in order that they may maintain the high degree of skill necessary to care for the soldier when he is ill.

What is the part of women in the medics?

Women in khaki also serve in the Medics. Nurses, dietitians, physical therapists and WAC officers and technicians all serve in Army hospitals. Because women of the Medical Department are called upon to help in every kind of emergency and under all conditions they must meet the most rigid qualifying requirements. For many years women worked *with* the Medical Department rather than *in* the Medical Department, but because

nursing and certain related medical positions are fields in which women admittedly excel, they were made actual members of the medical team and share in the satisfaction that comes from being able to help patients in their need for aid and comfort.

To give the patients hospitalized in this Command more individual care, just a little extra in medical attention from less busy Army nurses and medical enlisted personnel, selected local nurses have been trained to assist with non-technical duties. In Okinawa, Guam, the Philippine Islands, Korea and Japan, indigenous nurses were given medical courses in certain phases of Army nursing so that they could work in Army hospitals as nurses aides.

What conclusions may be drawn from this discussion?

The occupation began and is continuing in the midst of conditions that would well shock health authorities in American cities. Yet Americans remain as healthy here as they would Stateside. Just how does the Army keep its soldiers from coming down with the strange diseases that are found in these foreign lands? One important part of the answer lies with two medical units stationed in this command and known as "Medical General Laboratories." Briefly, they help the doctors by providing medical research. A detailed explanation as to just what the laboratories do would involve a lot of ten dollar words. It is their research which lies back of every shot and vaccination, behind all the extra health measures which one is required to observe over here. They investigate all contagious diseases among the local population, because what happens to them might happen to you. The low disease rate of strange diseases common to the Far East (Japanese B encephalitis, scrub typhus, snail fever and

TIPS

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Discussion leader's guide

for the use of Troop Information personnel in the presentation of Troop Information Hours.

Prepared and produced in Tokyo by Troop Information and Education Section, GHQ, FEC.



THIS WEEK'S COVER symbolizes the type of individualized medical care received by servicemen in the U.S. Armed Forces.

Oriental cholera) provides eloquent proof of the excellent job being done by these research soldiers.

Since the Army is called upon to serve in all parts of the world, troops get the chance to travel in strange and interesting foreign countries. The adventurous life, which is a part of every soldier's career, is in your instance the Orient. The soldier operating on the Far East front is an important link in the Occupation effort. As good health and strong combat effectiveness are inseparable, the medics do all that they can to keep the soldier healthy and on the job. However, if the soldier does get ill—and wherever he may be when that happens it is well to remember that he, at all times, is under the protective care of the medics of the Far East Command.



TIPS GLOSSARY

- Abide: to stand to; to hold to; to stick to.
- Abuse: improper treatment; to mistreat.
- Bellows: an instrument, utensil, or machine, which, by alternate expansion and contraction, or by the rise and fall of the top draws in air through a tube.
- Consultant: one who gives professional advice or services regarding matters in the field of his special knowledge or training.
- Isolated: separated; detached.
- Residual: remaining.
- Respirator: a device used for artificial respiration.
- Sparsely: thinly scattered.
- Status: the state or condition of a person, place or thing.
- Succumbed: yielded; gave way, also used to mean dying.
- Visual acuity: sharpness of vision.



DISCUSSION GUIDE

INTRODUCTION

- Complete medical care is available to all servicemen in the Far East Command.
- Unit medical personnel are constantly on duty for the treatment of minor illnesses; patients with serious ailments are flown to the nearest hospital, or if too sick to be moved, specialist teams are flown to the patient.

Why are "shots" necessary?

- "Shots" are preventive measures which build up an immunity against certain diseases common to the country in which the serviceman is stationed.
- Preventive medicine is an important part of Army medical care, which aims at preventing sickness, rather than curing it after a serviceman becomes ill.

What preventable factors cause many sick cases?

- Drinking local liquors, some of which are made from methyl alcohol, sometimes results in death or blindness.

Why should indigenous foods be avoided?

- Local foods (meats, seafoods, vegetables, fruits) are usually contaminated with diseases common to the Far East.
- Local populations have built up an immunity against such diseases through generations of exposure.
- Americans exposed to such diseases may become seriously ill, and in addition may start an epidemic among other Americans in the area.

How are emergencies handled?

- Specialists in various medical fields are stationed in Tokyo, assigned to the Office of the Surgeon, FEC.
- Although stationed in Tokyo, they are available wherever they may be needed; if the patient is too sick to go to the specialist, the specialist will come to the patient, by plane if necessary.

What is the mission of the GI medics?

- "GI" medics are highly skilled technicians; the school for enlisted technicians has graduated many surgical, medical, pharmacy, laboratory and X-Ray technicians.

What is the part of women in the medics?

- Many women serve in the Medical Corps as nurses, dietitians, physical therapists, psychologists and technicians.
- Specially trained indigenous nurses are employed by the medical services as nurses in hospitals, to assist Army nurses in making patients more comfortable.

What conclusions may be drawn from this discussion?

- American servicemen overseas often are stationed in areas that are extremely hazardous to health.
- The preventive measures devised and applied by the Medical Corps maintain the health of servicemen on a level that compares favorably with conditions at home.
- If in spite of preventive medicine servicemen do become ill, the finest medical care in the world is available to them.

TIPS to the DISCUSSION LEADER

THE practice of military medicine in the Armed Forces of the United States has made great progress since the days of the Revolutionary War. The military surgeons appointed by the Continental Congress gave way to the contract surgeons, who in turn were replaced by our present Army medical corps.

In 1775 there were no women serving as nurses, and the only "nursing" was given by untrained men detailed from line units for the job. Preventive medicine (and even the cause of most diseases) was unknown, and there were no sanitation officers to enforce sanitary regulations.

General Washington himself was often shocked by the dirty and unsanitary conditions found in camp, but his repeated orders met with little success in eliminating the conditions contributing to the epidemics that swept through the Continental armies.

Today the prevention of disease plays a large part in maintaining the health of American servicemen. Unsanitary conditions are corrected by sanitation officers, and a constant educational campaign keeps servicemen informed of health hazards in their areas, and how to avoid or minimize them.

If, in spite of all preventive measures, illnesses do occur, a highly trained and smoothly functioning organization swings into action to bring every resource of modern science to the task of restoring the sick to health.

Discussion leaders should emphasize the following points:

- A sick soldier is a liability to himself, his family, and his country.
- The application of sanitation measures is often a personal and individual responsibility, and failure to heed the rules will inevitably bring about its own punishment—sickness in one form or another.

individual responsibility, and failure to heed the rules will inevitably bring about its own punishment—sickness in one form or another.

- The United States is spending huge sums for the prevention of disease and care of the sick. It is up to the individual to utilize the information and services made available to him.

It is suggested that a medical officer, assisted by one or two enlisted technicians be asked to conduct this discussion. A part of the hour might profitably be devoted to a discussion of personally observed cases from their experience which would illustrate the topic.

Allow plenty of time for discussion following the presentation. Keep the discussion general in nature, without over-emphasis on venereal disease.

DISCUSSION AIDS

Don't forget to use your "TIPS Discussion Guide to help you present your topic. Use the visual aid corresponding to the topic, especially when summing up.

Questions to aid discussion:

- Why are Americans more susceptible to Oriental diseases than the native population?
- What is methyl alcohol and how does it differ from potable alcohol?
- What assignments are given to women in the Medical Corps?
- Why are indigenous nurses employed by the Army?

REFERENCES

TIPS references: "Penicillin," 19 September 1949.

READING TIPS

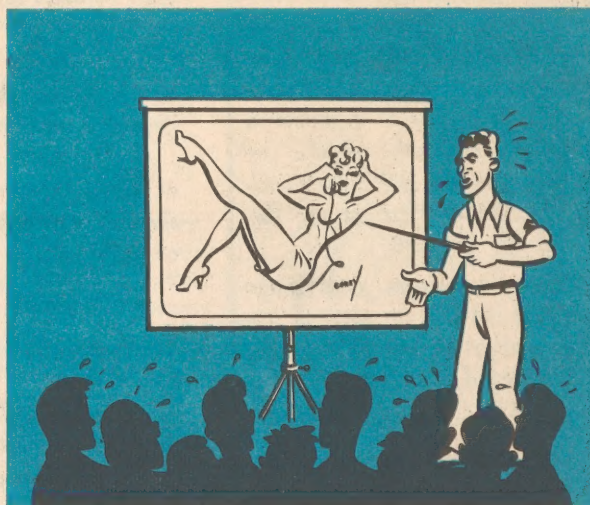
The September *Army Information Digest* contains the following material:

The Secretary of Defense and the Chairman of the Joint Chiefs of Staff discuss the Military Assistance Program.

General Bradley as Chief of Staff is discussed in an article by his aide, Captain Ramsey.

The undersea phase of defensive warfare is carefully analyzed by the Assistant Chief of Naval Operations for undersea warfare.

Major General Devine, former Commander of the UMT Experimental Unit, clears up some misconceptions of the Army in his article, "What Is A Tough Soldier?"



MAKE IT INTERESTING

A bare recital of facts is invariably dull. Spice it up! An appropriate story or two, and illustrations borrowed from your own or others' experience will help make the dull subject interesting.

The most common fault is lack of preparation. You must know what you are going to talk about, and you must prepare your talk well in advance. Read your TIPS carefully until you feel you have a good grasp of the subject. Then outline the entire presentation. Use TIPS "Discussion Guide," and "TIPS to the Discussion Leader" when making your outline. Supplement TIPS with additional reading if this is available.

Go over your talk until you know what you are going to say and how you are going to say it. Remember, there is no excuse for a dull TIPS hour. If it happens to you, accept the blame, and next time be prepared.